

SAC  
30

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	TG		4/6
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	PO	505	05-29-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
Final	
Original	
32	4/03
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Claim	Date
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Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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